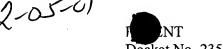
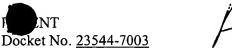


12-05-01





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Hansson, Henri; Spegel, Christer D.

Express Mail No. EL 828016841 US

Serial No.: TBD Filing Date: Herewith

Title: NEW COMPOSITION AND METHOD FOR THE TREATMENT OF DYSGLUCAEMIA

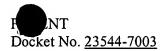
UTILITY PATENT APPLICATION & FEE TRANSMITTAL

(for nonprovisional applications under 37 CFR § 1.53(b))

Assistant Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are the following:



IV. Accompanying Documents					
Assignment Papers [] page(s) of Recordation Cover Sheet [] page(s) of Assignment					
Applicant(s) claims Small Entity Under 37 CFR § 1.27 [] Verified Small Entity Statement was previously filed in Prior Application Noon					
Information Disclosure Statement [] page(s) of PTO-1449 [] copies of IDS References					
A Preliminary Amendment [] page(s)					
A copy of a Petition for Extension of Time (_ mos.) filed simultaneously in Prior Application No					
A copy of a Submission of Processing & Retention Fee (37 CFR § 1.78(a)(1) which is being filed simultaneously in Prior Application No.					
Other Verified Statement [Declaration] Claiming Small Entity Status [37 CFR 1.9[f] and 1.27[c] – Small Business Concern (specify)					
Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
V. Fee Calculatio	n				
The following fees are submitted:				CALCULATIONS	
		-	OTHER THAN SMALL ENTITY	SMALL ENTITY	\$
BASIC NATIONAL FILING FEE			\$ 740.00	\$ 370.00	\$ 370.00
EXTRA CLAIMS FEE					
CLAIMS	# FILED	# EXTRA	RATE	RATE	
CLAIMS Total Claims	# FILED 64 – 20 =	# EXTRA -44-	RATE × \$18.00	* \$ 9.00	\$ 396.00
		-			\$ 396.00 \$ 168.00
Total Claims	64 - 20 = 7 - 3 =	-44-	× \$18.00	×\$ 9.00	
Total Claims Independent claims	64 - 20 = 7 - 3 =	-44-	× \$18.00	×\$ 9.00	
Total Claims Independent claims MULTIPLE DEPEND	64 - 20 = 7 - 3 = ENT CLAIM(S)	-44- -4-	× \$18.00 × \$84.00	× \$ 9.00 × \$42.00	\$ 168.00
Total Claims Independent claims MULTIPLE DEPEND Yes No	64 - 20 = 7 - 3 = ENT CLAIM(S)	-44- -4-	× \$18.00 × \$84.00	×\$ 9.00 ×\$42.00	\$ 168.00
Total Claims Independent claims MULTIPLE DEPEND Yes No	64 – 20 = 7 – 3 = ENT CLAIM(S) e enclosed assignment	-44- -4-	× \$18.00 × \$84.00 \$280.00 3.28, 3.31).	×\$ 9.00 ×\$42.00	\$ 168.00 \$-0-
Total Claims Independent claims MULTIPLE DEPEND Yes No Fee for recordation of the	64 – 20 = 7 – 3 = ENT CLAIM(S) e enclosed assignment	-44- -4- it (37 CFR 1.21(h), 3	× \$18.00 × \$84.00 \$280.00 3.28, 3.31).	×\$ 9.00 ×\$42.00	\$ 168.00 \$-0-
Total Claims Independent claims MULTIPLE DEPEND Yes No Fee for recordation of th OTHER FEES	64 – 20 = 7 – 3 = ENT CLAIM(S) e enclosed assignment	-44- -4- 1 (37 CFR 1.21(h), 3	× \$18.00 × \$84.00 \$280.00 3.28, 3.31). (Numbers of Appl	×\$ 9.00 ×\$42.00	\$ 168.00 \$-0- \$-0- \$-0-
Total Claims Independent claims MULTIPLE DEPEND Yes No Fee for recordation of th OTHER FEES OTHER FEES	64 – 20 = 7 – 3 = ENT CLAIM(S) e enclosed assignment	-44- -4- it (37 CFR 1.21(h), 3 (specify) (specify)	× \$18.00 × \$84.00 \$280.00 3.28, 3.31). (Numbers of Appl	×\$ 9.00 ×\$42.00 \$140.00 ications) × \$40.00 DTAL FEES =	\$ 168.00 \$ -0- \$ -0- \$ -0-
Total Claims Independent claims MULTIPLE DEPEND Yes No Fee for recordation of the OTHER FEES OTHER FEES a. A check in the b. Please charge	64 – 20 = 7 – 3 = ENT CLAIM(S) e enclosed assignment e amount of \$	-444- (37 CFR 1.21(h), 3 (specify) (specify) to cover the a	× \$18.00 × \$84.00 \$280.00 3.28, 3.31). (Numbers of Appl	×\$ 9.00 ×\$42.00 \$140.00 ications) × \$40.00 DTAL FEES =	\$ 168.00 \$ -0- \$ -0- \$ -0-
Total Claims Independent claims MULTIPLE DEPEND Yes No Fee for recordation of th OTHER FEES OTHER FEES a. A check in the b. Please charge above fees. A c. The Commiss	64 – 20 = 7 – 3 = ENT CLAIM(S) e enclosed assignment e amount of \$ Deposit Account Not duplicate copy of the sioner is hereby autho	-444- (specify) (specify) to cover the a constant is sheet is enclosed rized to charge any	× \$18.00 × \$84.00 \$280.00 3.28, 3.31). (Numbers of Appl TO bove fees is enclosed at No. 23544-7003, 1.27	×\$ 9.00 ×\$42.00 \$140.00 ications) × \$40.00 DTAL FEES = d. in the amount of \$	\$ 168.00 \$ -0- \$ -0- \$ -0- \$ -0- \$ 934.00 to cover the
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